

## DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)

Independence Community School Improvement CommIMPORTANT: Indicate type of committee you are reporting for: ☒

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
 (8) Support State of Candidates

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)

Robert J. Richard  
 SIGNATURE OF TREASURER (or person filing this report)

319.334.2007  
 TELEPHONE

4/5/04  
 DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 4/5/04 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date)Indicate one ☐☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

January 13, 2004  
 County & Local Committees, enter County in  
 which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held  
 by the committee. This amount MUST be the same as the cash on hand at the end  
 of the last reporting period, or must be zero if this is first report filed.)

\$ 160.24

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

2,050.00

Schedule F: Loans Received total (Attach Schedule F) .....

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

2,210.24

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ....

2,210.24

Schedule F: Loan Repayments total (Attach Schedule F) .....

0

CASH ON HAND at the end of this reporting period (if final report, balance must  
 be zero) (Attach DR-3) .....

\$ 0.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....

\$ \_\_\_\_\_

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

\$ \_\_\_\_\_

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

\$ \_\_\_\_\_

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

For Instructions, See Back of Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Independence Community School Improvement Committee*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/3/04	ID# CK#	Doug Hand 235 Tenase Independence		\$ 25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Marky Brown 415 14th St SW Independence		100. -	<input type="checkbox"/>
3/3/04	ID# CK#	Greg Brester 800 7th Ave NE Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Steven Hoaglan 3196 2nd Ave SE Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Kathy Smith 2034 Wymore Avenue Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Harriet Shost 1951 Third Avenue NE Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Crang Johnson 413 13th Ave NE Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Judith Olsen 2003 20th St Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Dennis Vance 1749 Hwy 100 SW Independence		25. -	<input type="checkbox"/>
3/3/04	ID# CK#	Heather Jensen 1504 3rd St Independence		25. -	<input type="checkbox"/>
SUB-TOTAL				\$ 325	
TOTAL (if last page of this schedule)				\$ ~	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Independence Community School Improvement Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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3/3/04	ID# CK#	Angie Flancker 811 Northview Independence		\$25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Ruth Duritsa 418 13th Ave NE Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Angie Miller 311 64 Ave SE Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Mike M. Billa 712 4th St NE Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	John Butler 1109 6th St NE Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Steve Kilgard 2184 Double L Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Kenn Greenley 721 8th St SE Independence		50.-	<input type="checkbox"/>
3/3/04	ID# CK#	Lana Flickinger 400 11th Ave NE Independence		50.-	<input type="checkbox"/>
3/3/04	ID# CK#	Larry Wilkinson 1749 Golf Course Blvd Independence		100.-	<input type="checkbox"/>
3/3/04	ID# CK#	Jon Holland 1117 3rd NE Independence		100.-	<input type="checkbox"/>
SUB-TOTAL				\$450	
TOTAL (if last page of this schedule)				\$ —	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Independence Community School Improvement Committee*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/3/04	ID# CK#	Bob Richard 1314 3NE Independence		\$150.-	<input type="checkbox"/>
3/3/04	ID# CK#	Terry Toole 2193 Double L Drive Independence		25.-	<input type="checkbox"/>
3/3/04	ID# CK#	Dolph Leytze 2575 Meshel Independence		100.-	<input type="checkbox"/>
3/3/04	ID# CK#	Rob Robinson 2816 Jamestown Independence		100.-	<input type="checkbox"/>
3/3/04	ID# CK#	John Arend 2136 Hornerdoo Independence		425.-	<input type="checkbox"/>
3/3/04	ID# CK#	Dan Kessler 1114 3NE Independence		425.-	<input type="checkbox"/>
3/3/04	ID# CK#	Marta Whites 501 2nd Ave SW Independence		50.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$1275	
TOTAL (if last page of this schedule)				\$2050	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Report Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Independence Community School Improvement Comm*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/5/04	ID# CK# 2008	Oelwein Publishing Oelwein, IA	newspaper ads	\$2,160.24
4/5/04	ID# CK# 2009	Mustang Foundation Independence, IA	support	50.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$2,210.24

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)